

C. L. "BUTCH" OTTER, GOVERNOR RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

June 26, 2008

Rene Stephens
Bitterroot Home
1411 Falls Avenue East Suite 703
Twin Falls, ID 83301

RE:

Bitterroot Home, Provider #13G022

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Bitterroot Home, which was conducted on June 12, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 9, 2008,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by July 9, 2008. If a request for informal dispute resolution is received after July 9, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

MONICA WILLIAMS Health Facility Surveyor

Sichaeld Case, cs.)

Non-Long Term Care

NICOLE WISENOR

icile Musium

Co-Supervisor

Non-Long Term Care

MW/mlw

Enclosures

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES RINTED: 06/26/2008 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 13G022 06/12/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE **BITTERROOT HOME** TWIN FALLS, ID 83301 SUMMARY STATEMENT OF DEFICIENCIES tX41 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 The following deficiencies were cited during the recertification survey. The surveyors conducting the survey were: Monica Williams, QMRP, Team Leader Jim Troutfetter, QMRP Common abbreviations used in this report are: BMP - Behavior Management Plan DOP - Destruction of Property FBA - Functional Behavioral Assessment HM - Home Manager HRC - Human Rights Committee h. s. - Hour of Sleep IDT - Interdisciplinary Team IPP - Individual Program Plan LPN - Licensed Practical Nurse PO - By Mouth PRN - As Needed Q - Every QAM - Quality Assurance Manager QMRP - Qualified Mental Retardation Professional WIC - Written Informed Consent 483.410(c)(1) CLIENT RECORDS. W 111 The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PRO

maintain a record keeping system that contained consistent, accurate and comprehensive information for 1 of 3 individuals (Individual #1)

MIDER/SUPRIMER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A SUITOIN	<u> </u>	A STATE OF THE STA
		-13G022	B, WING		06/12/2008
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY STATE ZIP CO. 806 BITTERROOT DRIVE	99 M ( S. ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. DILIEM	ROOT HOME		T	WIN FALLS, ID 83301	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETIO
W 111	lack of consistent in The findings included the findings included the findings included the finding included the f	e reviewed. This resulted in a aformation being available. e: PP, dated 9/6/07, documented diagnosed with mild mental on deficit disorder, and bipolar g observation on 6/10/08 from dividual #1 was noted to	W 111	Ine typos for Individual #1's and in the physician's order in regards to the Celexa and Information regarding an alle incorrect has been removed Upon further review, the use depressive symptoms relate and the physician's order withis correction.  A review of each individual's home, will be done to deterr documentation has been co	nave been corrected Strattera. ergy that was from his record of Trazadone is for d to bi-polar disorder il be updated to reflect a record, living in the nine if accurate
	during a medication #1's psychiatric Provided as his Pharma documented Individual antidepressant dru However, his Phys	antidepressant drug) 40 mg n pass observation. Individual ogress Note, dated 4/14/08, as icy Review, dated 4/15/08, dual #1 received Celexa (an g) 40 mg each morning. ician Orders, dated 2/28/08		correctness The facility nurse and Qualif Retardation Professional wireview medication, diagnost individual a minimum of one supplement dietary informat Qualified Mental Retardation The pharmacy has implement system in conjunction with the conjunction of the professional conjunction of the conjunction with the conjunction of the conjunction of the conjunction with the conjunction of the con	Il meet in person to s information for each e time per month to tion added into the n Professional notes. ented a cross check
	wk. [sic] then 25 r [sic] Bi-Polar [sic] during an interview a.m., Individual #1 information regard Orders were typos			ensure records are accurate. The Quality Assurance Marthe monthly Qualified Menta. Professional meeting review records at that time. Responsible: Qualified Me. Professional, Quality Assur. Nursing Services.	e. nager will participate in al Retardation wing the individual's ntal Retardation
	4/15/08, document system drug) 100 medication. Howe dated 2/28/08, document discontinued. When 6/12/08 from 9:05	Pharmacy Review, dated ted Strattera (a central nervous mg each morning was a current ever, his Physician Orders, cumented Strattera was en asked during an interview on - 11:30 a.m., the LPN stated as in a hurry and it was a typo.		Date of correction 8/11/08	
	and 5/28/08, docu	Physician Orders, dated 2/28/08 mented Lithium (a central rug) as an allergy. However, his			

(2) - 100 - morrows (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONST A BUILDING B, WING	TRUCTION	(X3) DATE SURVEY COMPLETED  06/12/2008
	PROVIDER OR SUPPLIER		1806 BITTE	ESS, CITY, STATE, ZIP COD RROOT DRIVE LS, ID 83301	E
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EA	PROVIDER'S PLAN OF CORE ACH CORRECTIVE ACTION S SS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLETION
W 111	hand written notaticallergic to Lithium. during an interview a.m., according to Individual #1 was needed to be remod. Individual #1's Pf 5/28/08, documents antidepressant drug for sleep. However Informed Consent, Trazodone was "To symptoms related to When asked, the Lon 6/12/08 from 9:0 was for sleep. The	dated 11/28/07, contained a on stating Individual #1 was not When asked, the LPN stated on 6/12/08 from 9:05 - 11:30 ndividual #1's physician, ot allergic to Lithium and it wed from his record.	4.11		
W 214	kept for Individual #	ensure accurate records were 1. DIVIDUAL PROGRAM PLAN	W 214		
The state of the s		e functional assessment must specific developmental and ment needs			
	Based on record re was determined the behavioral assessmindividuals (Individuinterventions review information being a development of an	s not met as evidenced by: view and staff interviews, it e facility failed to ensure a nent was completed for 1 of 2 val #1) whose restrictive ved. This resulted in a lack of vailable prior to the individual's behavior The findings include:			

PRINTED: 06/26/2008 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED

13G022

B. WING

06/12/2008

NAME OF PROVIDER OR SUPPLIER

#### BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X6) COMPLETION DATE

#### W 214 Continued From page 3

1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder. He was admitted to the facility on 8/7/07.

Individual #1's Pharmacy Review, dated 4/15/08, and his Physician Orders, dated 5/28/08, documented he received Abilify (an antipsychotic drug) 30 mg each evening for bipolar disorder (defined as physical intimidation, pushing, hitting, gestures and verbal aggression), Celexa (an antidepressant drug) 40 mg each morning for bipolar disorder (defined as refusing to participate in programming, agitation, and reclusion to room), and Depakote (an anticonvulsant drug) 750 mg twice a day for mood stabilization (defined as agitation such as screaming, yelling, and hitting).

Individual #1's IPP stated that he had "a history of becoming frustrated and at times physically aggressive." His IPP objectives related to bossing others, teasing others, non-compliance, invading others' space, and agitation.

Individual #1's record also contained a Restitution Agreement, dated 12/11/07, which stated "[Individual #1] has exhibited behavior that is aggressive in nature. This aggressive behavior has resulted in property damage..."

In addition, Individual #1's Counselor Notes, dated 8/30/07 - 4/4/08, documented he had ongoing issues with violence.

However, Individual #1's record did not contain evidence that a behavioral assessment of his maladaptive behaviors had been completed.

#### W 214 W214:

The Functional Behavioral Assessment was reviewed and completed for individual #1. All restitution agreements and protocols have been suspended until further programming and training including least restrictive methods can be attempted prior to restrictive techniques. Each Functional Behavioral Assessment will be reviewed to ensure it is inclusive of all maladaptive behaviors exhibited by the individual and updated as necessary. Included in the Functional Behavioral Assessment will be any diagnostically relevant information A review/update of completed Functional Behavioral Assessment's will be done annually if not sooner, when the need is warranted, to ensure that the information contained is accurate and applicable to the client's current behavioral need.

The Quality Assurance Manager will review the Functional Behavioral Assessment as part of the quality assurance checks to each individual's records to ensure the assessment and individual program plan adequately addresses all maladaptive behavioral concerns.

Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional Date of correction 8/11/08

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	NG	COMPLE	
		13G022	B. WING		06/12	2/2008
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		A STANDARD
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 214	When asked, the Hon 6/12/08 from 9:0 to complete a behaweek ago. When a QMRP, who was pistated the delay was The facility failed to assessment was county 483.440(c)(4) INDI	M stated during an interview 05 - 11:30 a.m., she was asked vioral assessment about one isked about the delay, the esent during the interview, is an oversight.  The ensure a behavioral completed for Individual #1.  VIDUAL PROGRAM PLAN	W 214			
	objectives necessa as identified by the	ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section.				
	Based on record re was determined the IPP included object 3 individuals (Indivi- were reviewed. The plans designed to a	s not met as evidenced by: view and staff interviews, it e facility failed to ensure the ives to meet the needs for 3 of duals #1 - #3) whose IPPs is resulted in a lack of program iddress the needs of most likely to impact their include:				
	a 21 year old male	P, dated 9/6/07, documented diagnosed with mild mental in deficit disorder, and bipolar				
	12/11/07, related to DOP. The agreem restitution agreeme	cord included a WIC, dated a restitution agreement for ent stated "To enter into nt requires [Individual #1] to	The state of the s			
		or replacement of any items nages or destroys. [Individual	The state of the s		TATAL MA	18 3 74 1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		13G022	B. WING _		06/12/2008
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 806 BITTERROOT DRIVE WIN FALLS, ID 83301	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE COMPLÉTION
W 227	#1] will be required in replacement, clerestitution for the relitems damaged or contained no object. When asked during 9:05 - 11:30 a.m., in DOP in his IPP, the b. Individual #1's M dated 9/07, stated antidepressant drubipolar disorder. He hysician Orders, of documented Trazo When asked, the Lon 6/12/08 form 9:0 was used for sleep who was present dispersion of the results of the property of the	ge 5 to either physically participate aning of items or monetary pair or replacement of any destroyed." However, his IPP tive that addressed DOP, an interview on 6/12/08 from there was an objective for a CMRP stated there was not.  edication Reduction Plan, he received Trazodone (an g) 200 mg each evening for owever, Individual #1's dated 2/28/08 and 5/28/08, done was used for sleep. PN stated during an interview 0.5 - 11:30 a.m., Trazodone When asked, the QMRP, uring the interview, stated	W 227	W227: Each individual's program plan vall restitution agreements were sturther notice or assessment. To question (Trazadone) for sleep; been included in the Individual P per Addendum procedures. An been added to include behaviora pertaining to 'hitting', 'pushing' a room' have been added to the In Plan. Individual #3's Physical T recommendations have been ad to his Individual Program Plan. Individual Program Plan objective updated to include the desensiti to reduce the use of a specified Each person's records were revithere were no needs identified to comprehensive assessment whaddressed through an objective The Qualified Mental Retardation with the Qualify Assurance Mar	suspended until the medication in the objective has frogram Plan as addendum has al objectives and 'reclusing to addividual Program therapy evaluation dided as objectives Individual #2's wes have been zing to the dentist drug. Triewed to ensure by the aich are not ager and the
	drug), dated 8/7/07 modifying drug was gestures and verbal IPP contained no chitting, gestures are asked during an in 11:30 a.m., if there behaviors, the QM d. Individual #1's M Celexa and Abilify, behavior modifying disorder which pre Room." However, related to "Reclusing drug was a second to "Reclusing disorder which pre Room." However, related to "Reclusing drug was a second to the second to	VIC for Abilify (an antipsychotic documented the behavior is related to "pushing or hitting, al aggression." However, his objectives related to pushing, and verbal aggression. When terview, on 6/12/08 from 9:05 - were objectives for the RP stated there was not.  Medication Reduction Plans for dated 9/07, documented the party as "Reclusion to his IPP contained no objective on to Room" behavior. When terview on 6/12/08 from 9:05 -		nursing staff will meet monthly current medical/behavioral need for specific individuals and that have corresponding programma applied to their Individual Program A new full time Qualified Menta Professional began working at 6/18/08, this deficient practice is systematically as this new Qual Retardation Professional addressed management of the individuand assessments.  Responsible: Quality Assurance Qualified Mental Retardation Professional R	ds are identified identified needs atic approaches am Plans. I Retardation the facility on will be addressed lified Mental asses the over site ual program plans at the manager.

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA FCORRECTION UMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40000	A BUILDING B. WING	
USIN .	13G022		06/12/2008
	ROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	7 (의 경기학 
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTS TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
W 227	Continued From page 6 11:30 a.m., if there was an objective related to the behavior, the QMRP stated there was not.	W 227	
	The facility failed to ensure Individual #1's IPP contained specific objectives to meet his sleep and behavioral needs.  2. Individual #3's IPP, dated 3/1/08, documented a 21 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis, bilateral hip dysplasia, and a seizure disorder. He used a wheelchair for mobility purposes.		
	Individual #3's Physical Therapy Evaluation, dated 2/21/08, included recommendations to complete range of motion exercises on Individual #3's upper left arm and he was to wear his arm brace 1 hour a day. The Evaluation stated that as Individual #3's tolerance to the brace increased, the length of time (wearing the brace) was to be increased by 15 minutes per month.		
	Individual #3's IPP did not include objectives related to range of motion exercises or wearing the arm brace. When asked, the HM and QMRP both stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives related to the physical therapy recommendations; they were overlooked.  The facility failed to ensure Individual #3's IPP		
	included objectives to meet his physical therapy needs.  3. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.		

ANDP	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION (UMBER)	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	191
	13 <b>G</b> 022	B. WING		06/12/2008	
	OF PROVIDER OR SUPPLIER FERROOT HOME		TREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
PREF TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIEM (PROSS-REFERENCE)	ULD BE COMPLETIO	Ň
W 2	Continued From page 7 Individual #2's medical record documented Valium (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination dated 9/24/07.	W 227			12 Children Cook
	Individual #2's IPP did not include objectives related to desensitizing him to dental and vision examinations. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives to desensitize him to dental and vision examinations.				Anna Anna Anna Anna Anna Anna Anna Anna
W.	The facility failed to ensure objectives were developed to address Individual #2's desensitization needs related to his medical examinations.  234 483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN	W 234	1		
	Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.  This STANDARD is not met as evidenced by:				
	Based on record review and staff interviews, it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 2 of 3 individuals (Individuals #1 and #3) whose records were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include:				
	Individual #1's IPP dated 9/6/07 documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder and bipolar disorder.      Individual #1's record included a WIC dated.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING	
	*	13G022	D. VVIIII	06/12/2008
	ROVIDER OR SUPPLIER ROOT HOME		STREET ADDRESS, CITY, STATE, ZIP 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO TO DEFICIENCE	ION SHOULD BE COMPLETION HE APPROPRIATE DATE
W 234	12/11/07, related the DOP. The agreen restitution agreem participate in reparticipate in reparticipate in replacement, clarestitution for the ritems damaged or record contained in DOP. When aske 6/12/08 from 9:05 written training prostated there was in b. Individual #1's North drug), dated 8/7/0 modifying drug was gestures and verbine record contained in hitting, gestures and verbine record contained in hitting, gestures a asked during an in 11:30 a.m., if there were not.  c. Individual #1's North employed the com." However related to "Reclust asked during an in 11:30 a.m., if there related to the malistated there was in stated there was in stated there was in stated there was in the company of the com	o a restitution agreement for nent stated "To enter into ent requires [Individual #1] to replacement of any items mages or destroys. [Individual if to either physically participate eaning of items or monetary epair or replacement of any destroyed." However, his no program that addressed deduring an interview on 11:30 a.m., if there was a ogram for DOP, the QMRP not.  WIC for Abilify (an antipsychotic of documented the behavior is related to "pushing or hitting, al aggression." However, his no program related to pushing, and verbal aggression. When interview, on 6/12/08 from 9:05 ewere written training programs is behaviors, the QMRP stated of the graph of the	of programming. This will least monthly to review of A new full time Qualified Professional began work 6/18/08, this deficient professional as this new Retardation Professional and management of the and training methods.  Responsible: Quality As	objectives to address we been established dual #3's walking ecific instructions for n and complete the nerapeutic benefit. ere reviewed to ensure tified by the ent which are not ig methods. alified Mental will meet in person to mation for each one time per month to nation added into the tion Professional notes. tion Professional and ger will meet with nursing int programming is needs and meets essary components an Rights Committee, it, Guardian Approval prior to the introduction ill occur at meetings at urrent client populations. Mental Retardation ing at the facility on actice will be addressed w Qualified Mental I addresses the over site individual program plans surance Manager, ation Professional,
		to ensure written training ated to his maladaptive		and the state of t

PRINTED: 06/26/200 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 13G022 06/12/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE **BITTERROOT HOME** TWIN FALLS, ID 83301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 234 Continued From page 9 W 234 behaviors were developed for Individual #1. 2. Individual #3's IPP, dated 3/1/08, documented a 21 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis, bilateral hip dysplasia, and a seizure disorder. He used a wheelchair for mobility purposes. During an observation at the facility on 6/9/08 at 4:38 p.m., a staff person was noted to put a gait belt around Individual #'s waist, physically assisted him to stand up, and then walked him down the hallway. The staff person was facing Individual #3 and he was noted to have his hands on the staff person's upper arms. The staff person's hands were noted to be holding Individual #3's gait belt, palms down, on either side of Individual #3's waist. The staff person walked backward as Individual #3 walked forward, down the hallway. Individual #3's walking program, dated 3/9/07, stated "With a gait belt, assist [Individual #3] in walking the length of the hallway at the [facility]." The walking program did not include instructions to staff on body positioning, hand placement, or how staff were to hold the gait belt. When asked, the QMRP and LPN both stated during an interview on 6/12/08 from 9:05 - 11:30

revised.

a.m., staff were to hold the gait belt in a palms down position. The HM, who was present during the interview, stated Individual #3's staff from his day program requested specific information be added to the walking program and it was being

The facility failed to ensure Individual #3's walking

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLET	
		13G022	B. WING		06/12	/2008
100000000000000000000000000000000000000	RÖVIDER OR SUPPLIER ROOT HOME		. 1	REET ADDRESS, CITY, STATE, ZIP COL 806 BITTERROOT DRIVE WIN FALLS, ID: 83301	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A (DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 234 W 256		ge 10 ufficient instructions to staff. OGRAM MONITORING &	W 234 W 256			
* /s	least by the qualified professional and re but not limited to si	ram plan must be reviewed at did mental retardation vised as necessary, including, tuations in which the client is a skills already gained.				
	Based on record re was determined the individual's IPP wa of 3 individuals (Ind program summarie	is not met as evidenced by: Eview and staff interviews, it is facility failed to ensure each is revised as appropriate for 1 dividual #2) whose IPPs and is were reviewed. This ission of an individual's skills				
	made. The finding  1. Individual #2's IF an 18 year old mal	programmatic revisions being s include: PP, dated 7/12/07, documented e diagnosed with severe cerebral palsy, and autism.				
	4/08, showed the f of consistent progr completed.	RP Review Notes, dated 4/07 - ollowing objectives with a lack ess and no revisions were				
	questions was set	r answering simple yes/no at an indirect verbal prompt at consecutive months. His tes, dated 5/07 - 4/08, showed s of the objective				

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCT  A. BUILDING	TION	(X3) DATE SURVEY COMPLETED
	13 <b>G022</b>	B. WING		06/12/2008
	ROVIDER OR SUPPLIER	STREET ADDRESS, 1806 BITTERROG TWIN FALLS, I		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH C	IDER'S PLAN OF CORE ORRECTIVE ACTION S FERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
W 256	- 9/07: 40% - 10/07: 38% - 11/07: 43% - 12/07: 25% - 1/08: 24% - 2/08: 26% - 3/08: 0% - 4/08: 8% Individual #2 failed to show consistent or sustained progress since 5/07, and no revisions were made to address the issue.  b. The objective for wiping food from his face and hands was set at a gestural prompt at 80% a month for 4 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective: - 7/07: 0% - 8/07: 0% - 9/07: 0% - 10/07: 0% - 11/07: 0% - 12/07: 13% - 1/08: 0% - 2/08: 5% - 3/08: 5% - 4/08: 4% Individual #2 failed to show consistent or sustained progress since 7/07, and no revisions were made to address the issue.  c. The objective for shaving was set at a partial	ascertain if to facilitated without positive determine we hotations we implemented Each individual ensure that when there lose of skill. A new full the Professional 6/18/08, this systematical Retardation and manager Retardation meeting. A has been accrevision for objective (core to note we accuracy. The progresulan will be with the Queresulan Responsible Assurance ensure that implemented.	progress. The rutive progress was that programs need and chard in the next 30 data and in the new Gualified Mental Professional and in the Qualified to the Qu	just programming le of 3 months utilized to d to be addressed, inges will be ays, be reviewed to e as necessary ion or evidence of tal Retardation t the facility on e will be addressed alified Mental resses the over site ified Mental as and the monthly in to note changes es to indicate a raining method, vidual Program Plan vestigated for 's individual program one time per month ardation urse, Quality illity Manager to s are identified and
	physical prompt at 70% a month for 3 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective: - 7/07: 14% - 8/07: 9% - 9/07: 0%			
	- 3/01. 076	THE POST ACCESS MINIS		

THE PERSON NAMED IN COMPANION OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING  B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
	ROVIDER OR SUPPLIER		18	EET ADDRESS, CITY, STATE, ZIP CODI 106 BITTERROOT DRIVE WIN FALLS, ID 83301	AS THE PARTY IS THE PARTY OF THE	THE PROPERTY OF THE PROPERTY O
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETION DATE
W 256	Continued From pa - 10/07: 50% - 11/07: 10% - 12/07: 5% - 1/08: 0% - 2/08: 5% - 3/08: 29%	ge 12	W 256			Total Control of the
	- 4/08, 0% Individual #2 failed sustained progress were made to addr d. The objective for	brushing his teeth was set at				
	months. His QMRI 4/08, showed the for -7/07, 17% -8/07, 14% -9/07, 14% -10/07, 0%	80% a month for 3 consecutive? Review Notes, dated 7/07 - bllowing status of the objective:				And the second s
		to show consistent or since 7/07, and no revisions ess the issue			Section 1997	
	partial physical pro consecutive month	brushing his hair was set at a mpt at 80% a month for 4 s. His QMRP Review Notes, howed the following status of				

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	IG:	COMPLE	
		13G022	B. WING		06/12	2/2008
	ROVIDER OR SUPPLIER		'	REET ADDRESS, CITY, STATE, ZIP COI 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
W 256		ge 13	W 256	)		
		to show consistent or since 8/07, and no revisions ess the issue.				
	medications was seat 80% a month for QMRP Review Not the following status - 5/07: 80% - 6/07: 55%	self administration of et at an indirect verbal prompt 6 consecutive months. His es, dated 5/07 - 4/08, showed of the objective:			The state of the s	and the state of t
	- 7/07: 30% - 8/07: 38% - 9/07: 33% - 10/07: 10% - 11/07: 20% - 12/07: 21% - 1/08: 46% - 2/08: 5%					
		to show consistent or since 5/07, and no revisions ess the issue.			,,	
	at a direct verbal p consecutive month	r laundering his clothes was set rompt at 70% a month for 6 is. His QMRP Review Notes, showed the following status of	1		And the second s	

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA CORRECTION IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	(X3) DATE SURVEY COMPLETED
	13G022	B. WING	06/12/2008
	OVIDER OR SUPPLIER  DOT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRIES (EACH)	ULD BE COMPLETION
,	Continued From page 14	W 256	
	- 8/07: 0% - 9/07: 0% - 10/07: 0% - 11/07: 0% - 12/07: 0% - 1/08: 30% - 2/08: 33% - 3/08: 33% - 4/08: 25% Individual #2 failed to show consistent or sustained progress since 4/07, and no revisions		
	h. The objective for choosing an activity was set at an indirect verbal prompt at 80% a month for 4 consecutive months. His QMRP Review Notes,		
	dated 5/07 - 4/08, showed the following status of the objective: - 5/07: 79% - 6/07: 27% - 7/07: 0% - 8/07: 25% - 9/07: 0% - 10/07: 0%		
	- 11/07 0% - 12/07 0% - 1/08: 0% - 2/08: 17% - 3/08: 0% - 4/08: 5% Individual #2 failed to show consistent or sustained progress since 5/07; and no revisions were made to address the issue.		
	i. The objective for stopping at the curb was set at a direct verbal prompt at 90% a month for 4 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:		

		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
			42000	A. BÜILDIN B. WING			
	NAME OF P	ROVIDER OR SUPPLIER	13G022	0.7.0	REET ADDRESS, CITY, STATE, ZIP CO	388 C 2 1898) 1 - 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2/2008
		OOT HOME			BOG BITTERROOT DRIVE	UE.	
	DITEKN	OOT HOWIE		7	WIN FALLS, ID 83301		
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
	W 256	Continued From pa	ge 15	W 256			
		- 7/07: 100% - 8/07: 80%					
		- 9/07: 100%					
		- 10/07: 0% - 11/07: 0%					
0.000000		- 12/07: 100%					
		- 1/08: 89% - 2/08: 82%					
		- 3/08: 83% - 4/08: 69%		apar pancasas apar			
		Individual #2 failed	to show consistent or			or labor	
•		sustained progress were made to addr	since 12/07, and no revisions ess the issue	(A)			
	1.		using his communication oices was set at an indirect		* :		
		verbal prompt at 80	0% a month for 3 consecutive P Review Notes, dated 7/07 -		1 (A. 1941)	i wanii c	
	i m	4/08, showed the fo	ollowing status of the objective:		· · · · · · · · · · · · · · · · · · ·		
		- 7/07: 37% - 8/07: 19%					
		9/07: 40%					
		- 10/07: 19%   - 11/07: 39%					
		- 12/07: 14% - 1/08: 16%					
	8 0 0 0 0 0	- 2/08: 13%					
		- 3/08: 0% : - 4/08: 3%					
		Individual #2 failed	to show consistent or				
		sustained progress were made to addr	since 9/07, and no revisions ess the issue				
		the QMRP stated of	the objectives noted above, luring an interview on 6/12/08	The state of the s			. ;
16		from 9:05 - 11:30 a been revised	n.m., the objectives had not				
機能の		i The facility failed to	ensure objectives were				

		VIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION \	(X3) DATE SURVEY COMPLETED
AND PLAN C	DECORRECTION IDEN	TIFICATION NUMBER:	A. BUILDING	G) - 1	OOMETETED
		13G022	B. WING		06/12/2008
NAME OF P	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE	
OUTTO			1	BOG BITTERROOT DRIVE	
BILIEKS	ROOT HOME		T	WIN FALLS, ID 83301	,
(X4) ID	SUMMARY STATEMENT O		ID ,	PROVIDER'S PLAN OF CORREC	
PREFIX TAG	(EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTIF		PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	
W 256	Continued From page 16		W 256	W262:	
	revised when Individual #2 f	failed to make	4,000	Human Rights Committee conse	ent was obtained
	progress toward them.			verbally for Individual #2's valiun Each of the individual's files has	n medication
W 262	483.440(f)(3)(i) PROGRAM	MONITORING &	W 262	Human Rights Committee appro	
	CHANGE			Informed Consents and associat	
				have been revised to accommod	
•	The committee should revie			appropriate dates in question. U	
	, monitor individual programs			Written Informed Consents have	e been obtained at
	inappropriate behavior and			least in verbal form from the Hu	man Rights
	in the opinion of the commit	ttee, involve risks to		Committee.	
	client protection and rights.			A scrutiny of each resident's file	
				ensure that for every restrictive	
	THE OTANIBADO L. A.			medication, appropriate Written Consent has been obtained from	
	This STANDARD is not me			and garnered Human Rights Co	
	Based on record review and was determined the facility			A stronger scrutiny of annual rev	
	restrictive interventions wer			by Qualified Mental Retardation	
	with the approval of the hun			Quality Assurance Manager with	
	for 1 of 2 individuals (Individuals			ensure that Human Rights Com	
	restrictive interventions wer	MAGDERARDER C 0/20/09/99/00 Minutes 20 CC 1/2	•	take place prior to implementati	on and at least
	resulted in a lack of protecti			annually, if not sooner. As each	
Quantities in	rights through prior approva			information is reviewed for annu	
	interventions. The findings	include:		and Individual Program Plan de Written Informed Consent will b	velopment, the
			•	the Pre-Individual Program Plan	e upualeu uuring
	1. Individual #2's IPP, dated		•	Quarterly file reviews by Qualifie	
	an 18 year old male diagno			Retardation Professionals and 0	
	mental retardation, cerebra	palsy, and autism.		Manager will be done to ensure	
\$1,000 m				restrictive programming, medical	ations have
**	Individual #2's medical reco			Human Rights Committee appre	
	Vallum (an anti-anxiety drug used prior to two (2) dental			(concurrent to) implementation.	
	8/22/07 and 2/26/08, and a		l,	Quarterly Registered Nurse file	
, 4 Ma	dated 9/24/07.	VISION CARMINAGON		staff will review the Written Info	
48 September				ensure that Human Rights Corr current and on file.	minnee consent is
	Individual #2's record includ	ded a written informed		Responsible: Quality Assurance	e Manager
	consent which stated it was		,	Qualified Mental Retardation Pr	
5 0 6 5 6	hour prior to the appointme		. 1	Nursing Services	
				Date of correction 8/11/08	
	When asked about HRC ap				
	and 2008 medical examina	tions as noted above,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G022	B WING 06/12/2008				
NAME OF PROVIDER OR SUPPLIER  BITTERROOT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  1806 BITTERROOT DRIVE  TWIN FALLS, ID. 83301					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION		
W 263	from 9:05 - 11:30 a been obtained for the facility failed the approved the use of Individual #2's med 483,440(f)(3)(ii) PF CHANGE  The committee she are conducted only consent of the clie minor) or legal guarantees. This STANDARD Based on record in was determined the restrictive interventions were lack of protection of prior approval of a findings include:  1. Individual #2's lan 18 year old marmental retardation. Individual #2's me Valium (an anti-anused prior to two (	during an interview on 6/12/08 a.m., HRC approval had not those. be ensure the facility's HRC of Valium PRN prior to dical examinations. ROGRAM MONITORING & could insure that these programs with the written informed ont, parents (if the client is a		W263: Guardian verbal consent was g Individual #2's valium use for m appointments by the guardian. Informed Consents will be obta with guardian consent for the u in question. A systematic review of all files residing in the home has been if there are any restrictive meas Written Informed Consents tha need annual/update or procedu Quarterly review of files will tak Qualified Mental Retardation P Quality Assurance Manager to established programming assorestrictive measures has appro Informed Consents on file and Qualified Mental Retardation P Quality Assurance Manager ar at least monthly to review curre and medical needs to ensure to restrictive programming will ga approval after Team review. Responsible: Quality Assuran Qualified Mental Retardation F Nursing Services Date of correction 8/11/08	redical The Written ined and on file se the medication of individuals done to determine sures that have t have lapsed or ural review. te place by rofessionals and ensure that any ciated with oved Written are current to date. rofessional with nd nursing will meet ent programming, hat any new in appropriate ce Manager,		
		ord included a written informed ted it was for "Valium 5 mg one					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED  B. WING				
hagi .		13G022	D6/12/			
	PROVIDER OR SUPPLIER		1800	T ADDRESS, CITY, STATE, ZIP B BITTERROOT DRIVE IN FALLS, ID 83301	CODE	Marie Comment
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 263	11	<u>-</u>	W 263			
:	hour prior to the ap	ppointment on 12/04/06."				
	and 2008 medical the QMRP stated	t guardian consent for the 2007 examinations as noted above, during an interview on 6/12/08 a.m., guardian consent had not those.	The state of the s			
W 278	from Individual #2' Valium PRN for hi	ensure consent was obtained signardian prior to using simedical examinations.  MGMT OF INAPPROPRIATE PR	W.278			
	inappropriate clien the use of more re client's record doc incorporating the u	tvern the management of the behavior must insure, prior to strictive techniques, that the tuments that programs se of less intrusive or more is have been tried systematically to be ineffective.				
	Based on record re was determined th individual's record restrictive or more utilized prior to the	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure an included evidence of least positive techniques being use of restitution to manage	And the second s			
	whose restrictive in This resulted in the	individuals (Individual #1) Interventions were reviewed. Intervential for an individual to strictive interventions Indings include:	1		Tell (alganum)	
	a 21 year old male	PP, dated 9/6/07, documented diagnosed with mild mental on deficit disorder, and bipolar				e de la companya de l

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		13G022			06/12/2008
	PROVIDER OR SUPPLIER ROOT HOME			REET ADDRESS, CITY, STATE, ZIP CO 806 BITTERROOT DRIVE WIN FALLS, ID 83301	DE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
W 278	Individual #1's rec 12/11/07, that inci related to DOP. T into restitution agrito participate in re- items he purpose [Individual #1] will participate in repla monetary restitution of any items dama Individual #1's rec- less restrictive into proven ineffective asked for evidence interview on 6/12/ might have been on have to search his less restrictive into proven ineffective agreement was pro- 6/18/08.  The facility failed of evidence of less re- systematically trie implementing a re- Individual #1.  483,450(b)(4) MG CLIENT BEHAVIO	ord included a WIC, dated uded a restitution agreement the agreement stated "To enterement requires [Individual #1] pair or replacement of any ully damages or destroys, be required to either physically acement, cleaning of items or on for the repair or replacement aged or destroyed."  ord contained no evidence of erventions being tried and prior to the agreement. When e, the QMRP stated during an 08 from 9:05 - 11:30 a.m., there other things tried but she would storical records. No evidence of erventions being tried and prior to the restitution ovided to the survey team by  o ensure there was sufficient estrictive alternatives that were d and proven ineffective prior to stitution agreement for	W 278	W278: A suspension of the restrictive agreement was implemented. June 1, 2008. In addition, protowards prevention of prope teaching methods and responsible methods and responsible methods. Each individual's record was that restrictive measures we prior to more restrictive tech maladaptive behaviors. A new full time Qualified Me Professional began working 6/18/08, this deficient practic systematically as this new CR Retardation Professional ad and management of the indicand assessments. Each perbehavioral management pla restrictive or more positive trapplication of more restrictive. The Qualified Mental Retard with the Qualified Mental Retard with the Qualified Mental Retard and that identified needs happrogrammatic approaches a individual Program Plans. Responsible: Quality Assuraucualified Mental Retardation Nursing Services Date of correction 8/11/08	of for individual #1 on organming directed by destruction, which inserts instructions were a reviewed to ensure re not being utilized hiques to manage and Retardation at the facility on the example of

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARI	E & MEDICAID SERVICES			OMB NO. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	OF CORRECTION		A BUILD	ING :	
		13G022	B. WING		06/12/2008
NAME OF F	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CC	DE
BITTER	ROOT HOME		, 145	1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	
<u> 70</u> - ma		Terment of Stellier Science	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	PROVIDER'S PLAN OF CO	RRECTION: (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE COMPLETION
W 289	Continued From p	age 20	W 28	W289: The Individual Program Plar revised and the correspondi	
	Based on record re	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure		Management Plan includes staff to ensure that the restrict	specific instructions to ictive measures can
	techniques used to behavior were inco	o manage inappropriate prporated into program plans for		be systematically addressed behavior management plan, revised to remove the use o	for individual #1 was f restitution methods
		Individual #1) whose restrictive reviewed. This resulted in a		due to restrictive measures systematically approached a	
	restrictive interven	tion being used that was not		Review of each residents file	es were reviewed to
		vidual's program plan. The		determine if there was a cor	sistent application of
	findings include:		*	interventions from Written In Individual Program Plan, Hu	
	1. Individual #1's II	P. dated 9/6/07, documented		Committee approval and dir	ection to staff. Each
		diagnosed with mild mental		person's records were revie	
	retardation, attenti disorder	on deficit disorder, and bipolar		were no restrictive intervent were not included in the indi	
				A new full time Qualified Me	ntal Retardation
		ord included a WIC, dated		Professional began working	
,		uded a restitution agreement he agreement stated "To enter	,	6/18/08, this deficient practi systematically as this new C	
		eement requires [Individual #1]	}	Retardation Professional ad	dresses the over site
5 T	to participate in re	pair or replacement of any	•	and management of malada and restrictive techniques to	
		ully damages or destroys.		implemented as part of the	
,		be required to either physically cement, cleaning of items or		Plan.	
	monetary restitution	n for the repair or replacement		The Qualified Mental Retard	
	of any items dama	ged or destroyed."		with the Quality Assurance nursing staff will meet mont	hly to ensure that
		did not contain an objective or		restrictive techniques are ap Individual Program Plans	obited to their
		truction of property and		Responsible: Quality Assur	ance Manager,
HELLEN,		asked, the QMRP stated during 2/08 from 9:05 - 11:30 a.m.,	138/4	Qualified Mental Retardatio	n Professional,
	Individual #1 had r	io objective or program plan on of property and restitution.		Nursing Services Date of correction 8/11/08	
Manda hill	The facility failed to	o ensure the use of restitution			
		ehavior was incorporated in			
	Individual #1's prog	gram plan.	, ;		,
W 312	483.450(e)(2) DRU	JG USAGE	W 31	2	,

30-30-20-1-11-11-11-11-11-11-11-11-11-11-11-11-	10 1 011 1012 0101 1112	CONTRACTOR CLASSICO			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		13 <b>G</b> 022	B, WING	The state of the s	06/12/2008
	ROVIDER OR SUPPLIER		1806	T ADDRESS, CITY, STATE ZIP CODE BITTERROOT DRIVE N FALLS, ID 83301	E:
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
W 312	Continued From pa	ge 21	W 312 E	312: ach individual's program plan w	
	must be used only client's individual p specifically towards	trol of inappropriate behavior as an integral part of the ogram plan that is directed the reduction of and eventual ehaviors for which the drugs	ide Re us Pi m In	pecifics methods were implement individual's needs. Individual's needs. Individual's needs. Individual#1's an has been revised and contaeasures for Abilify, Celexa and dividual #2's Medication Reduction and re-written to include use of Valium and the reductedication in a programmatic face	vidual #1's Medication neasure to reduce the Medication Reduction tins specific objective Trazadone. tion Plan has been objectives specific to ion of use of said
	Based on record red determined the fact modifying drugs we comprehensive part were directed spectand eventual eliminative drugs were used (Individuals #1 and drugs were reviewed receiving behavior appropriate plans the determination of the second	t of the individual's IPP that ifically towards the reduction of ation of the behavior for which d for 2 of 3 individuals #2) whose behavior modifying d. This resulted in individuals modifying drugs without hat identified drug usage and ge in relation to progress or	th th pl pe pe in pa ar er er st	ach person's records were reviere no prescribed medications e Individual Program Plan with an and related training objective tecssity of restrictive technique ne facility nurse and Qualified for fessional will meet in person erson's file for drugs used for the appropriate behaviors to ensurant of an integral part of the India a specific reduction and everaployed. Qualified Mental Retand Quality Assurance Manager aff to ensure that current prograft established needs and mee il necessary components (Lessights Committee, Written Informatical Plant P	ewed to ensure there which were not part of a specific reduction es to reduce the es and/or medications. Mental Retardation to review each ne control of e it is used only as ividual Program Plan intual elimination is ardation Professional will meet with nursing amming is aligned ets scrutiny of having er Restrictive, Human
	a 21 year old male retardation, attention disorder.  a. Individual #1's Pl 5/28/08, stated he ranticonvulsant drug stabilization. Howe not contain a plan rof Depakote. When during an interview	P, dated 9/6/07, documented diagnosed with mild mental n deficit disorder, and bipolar hysician Orders, dated eceived Depakote (an ) 750 mg twice a day for mood ver, Individual #1's record did elated to the use or reduction a asked, the QMRP stated on 6/12/08 from 9:05 - 11:30	Som Pick Som Report of the Rep	uardian Approval and other recutroduction of programming. The eetings at least monthly to revolutions. A new full time Quetardation Professional began n 6/18/08, this deficient practic ystematically as this new Qualitetardation Professional addressional generation of the individual praining methods. The individual practice of correction 8/11/08	quirements) prior to the nis will occur at iew current client alified Mental working at the facility e will be addressed fied Mental isses the over site and rogram plans and e Manager, Qualified
	a.m., Individual #1 ob. Individual #1's M	edication Reduction Plan,		<b>記した 確立 下 ()</b> 2 * 2 * 2 * 2 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3 ·	

	TOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVE COMPLETED	
		13G022	B. WING _		06/12/20	800
	ROOT HOME		1	REET ADDRESS, CITY, STATE, ZIP CODE 806 BITTERROOT DRIVE WIN FALLS, ID 83301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE   CO	(X5) MPLETION DATE
W 312	antipsychotic drug bipolar disorder section of the plan Individual #1's refu programming, agit The "Medication R section stated "Wi 20% less behavior associated with the consecutive month h.s." However, the	he received Abilify (an ) 30 mg each evening for The signs and symptoms stated Abilify was related to using to participate in ation, and reclusion to room. deduction Plan Objective" hen [Individual #1] has exhibited is than established baseline, he use of Abilify, for 6 his it will be reduced to 20 mg he plan was not specific as to hed baseline was or which	<b>312</b>			
	behavior(s) were to freduction. Whe 6/12/08 from 9:05 behavioral criteria QMRP stated Indithe plan needed to c. Individual #1's Mated 9/07, stated	peing tracked for the purposes in asked during an interview on - 11:30 a.m., what the was for reducing Abilify, the vidual #1 did not have one and				
	bipolar disorder. section of the plan to Individual #1's r programming, agit The "Medication R section stated "To Team after baselir When asked durin 9:05 - 11:30 a.m., for reducing Celex	ig) 40 mg each morning for the signs and symptoms stated that Celexa was related efusing to participate in ation, and reclusion to room. The eduction Plan Objective' be established by Treatment the has been established." If you interview on 6/12/08 from what the behavioral criteria was at the QMRP stated Individual the and the plan needed to be				
	dated 9/07, stated	Medication Reduction Plan, he received Trazodone (an) ig) 200 mg each evening for				

#### PRINTED: 06/26/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE **BITTERROOT HOME** TWIN FALLS, ID 83301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 312 Continued From page 23 W 312 bipolar disorder. The signs and symptoms section of the plan stated that Trazodone was related to Individual #1's refusing to participate in programming, agitation, and reclusion to room.

However, Individual #1's Physician Orders, dated 2/28/08 and 5/28/08, documented Trazodone was used for sleep. When asked, the LPN stated during an interview on 6/12/08 form 9:05 - 11:30 a.m., Trazodone was used for sleep. When asked about an objective related to sleep, the QMRP, who was present during the interview, stated Individual #1 did not have an objective related to sleep.

The "Medication Reduction Plan Objective"

section for Trazodone was blank.

The facility failed to ensure Individual #1's medication reduction plans were adequately developed.

2. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.

Individual #2's medical record documented Vallum (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination dated 9/24/07.

Individual #2's IPP did not include objectives related to desensitizing him to dental and vision examinations. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives to desensitize Individual #2 to dental and vision examinations. When asked about a plan to reduce the use of Valium PRN, the QMRP stated there was no plan.

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		(X3) DATE SURVEY COMPLETED
NAME OF F	PROVIDER OR SUPPLIER	13G022		STREET ADDRESS, CITY, STATE, ZIP CO	06/12/2008
	ROOT HOME			1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
	developed to addressensitization need to address the red	ensure objectives were	W 3		
	SERVICES  Each client must re	eceive a nourishing, including modified and	The Comment of the Co	W460: Individual #1's Excluded Foo clearly listed and programma that staff is adequately traine doctor/dietitian's recommend Each individual's Doctor's or	tically addressed so d to implement the ations. ders/Dietitian's
	Based on observa interviews it was densure individuals balanced diet inclusion 1 of 3 individual nutritional records in the potential for	is not met as evidenced by: tion, record review, and staff etermined the facility failed to received a nourishing, well ding specially-prescribed diets ls (Individual #1) whose were reviewed. This resulted an individual not receiving a d diet as ordered by the dings include:		recommendations will be rev necessary repairs and/or trai The Qualified Mental Retard Nursing staff, and Facility ma least monthly to discuss, cur ongoing medical/dietary nee- specific individuals. The Qualified Mental Retard with the Quality Assurance Manursing staff will meet at least that any adaptive equipment ongoing basis as necessary.	ning programs. ation Professional, anager will meet at rent specific, or ds associated with ation Professional flanager and the st monthly to ensure is addressed on an
	a 21 year old male retardation. He wa 8/7/07 and his well pounds at that time	PP, dated 9/6/07, documented diagnosed with mild mental as admitted to the facility on ght was noted to be 234.6 . Individual #1's 5/08 "Monthly ns" documented his weight was		Responsible: Quality Assura Qualified Mental Retardation Nursing Services Date of correction 8/11/08	
	5:35 - 6:50 p.m., Ir eat dinner. He wa of hashbrown cass Additionally, during 6/10/08 from 6:45	observation on 6/9/08 from idividual #1 was observed to sometimes and 3 decreases and 3 decrea	The control of the co		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED
NAME OF T	PROVIDER OR SUPPLIER	13G022		06/12/2008
154 GS	ROOT HOME		STREET ADDRESS, CITY, STATE ZIP 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301	<b>SOL</b>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC [DENTIFYING INFORMATION]	ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
W 460	of bread with marginal lindividual #1's reconsulation "Diet Suggestions If various "Eliminated complaints of "storn certain foods." The sour cream cream margarine which Induring the above not asked, the LPN state 12/08 from 9.05 food list was still cuit.  Additionally, Individed the Martin Marti	rd contained a document titled For [Individual #1]" which listed "food items due to his nach distress after eating "Eliminated" list identified based soup, croissants, and dividual #1 was noted to eat oted observations. When ated during an interview on 11:30 a.m., the "Eliminated" rrent and staff were to follow ual #1's Physician Orders,	W 460	
	4/30/08, stated "An [Individual #1] to fol December. This or menu has not been will likely benefit [In encourage a health has gained about 2 [the facility]." Wher 6/12/08 from 9:05	Recommendations note, dated order was written for low a low fat bland diet in der was not forwarded and a developed. The low fat diet dividual #1] and will likely y weight loss. [Individual #1] 5# (pounds) since moving to a sked during an interview on 11:30 a.m., why the diet order cian was not forwarded to the tated she forgot.		
		ensure Individual #1's st was followed, he received a		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MÜLTIPI A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY: COMPLETED	
6720-20-20-3 13 (2005) 60-5		13G022	B. WING	'	06/12/2008
NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME			181	ET ADDRESS, CITY, STATE, ZIP CO 06 BITTERROOT DRIVE VIN FALLS, ID 83301	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
W 460	low fat bland diet, a forwarded to the di	nge 26 and that his diet order was atician such that the dietician dividualized menu for	W 460		
			The state of the s		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	OVIDER OR SUPPLIER		875 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RESS, CITY, S		06/12/2008
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	CROSS-REFERENCED DEFICI	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE ENCY)
MM191	16.03.11.075.09(c)	Last Resort		MM191	MM191 – see respons	se for W278
200	resident mobility for must comply with li- resident's behavior injury to himself or physical restraint is conjunction with a to modify the behave patient is restrained failure of attempted	must not be used to ling the convenience of some safety requirements is such that it will resuptive and any form of utilized, it must be increatment procedure do it in the problems for what and, as a last resort, it therapy, et as evidenced by:	staff, and s. If a ult in of designed lich the		MM194 – see respons	se W262
	Refer to W278.	er as evideliced by.			,	
MM194	16.03.11.075.10(a) Committee	Approval of Human F	Rights	MM194		
	human rights comr	i and approved by the nittee; and et as evidenced by:	facility's		MM196   see respons	se for W196
ММ196	16.03.11.075.10(c) Guardian	Consent of Parent or	• `	MM196		
MM197	or guardian, or after representative; and This Rule is not makefer to W196.	et as evidenced by:	nt's	MM197	MM197 - response fo	r.W289 & W312
	in the facility, and This Rule is not m	et as evidenced by				
an (1945), (1945)	cility Standards  Y DIRECTOR'S OR PRO	DER/SUPPLIER REPRESEN	TATIVE'S SIGI	NATURE	administr	CUD 8/19/DATE

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONS	STRUCTION	· · · · · · · · · · · · · · · · · · ·	(X3) DATE SURVEY COMPLETED	
	13G022		B, WING		<del>-</del>	06/12/2008	ا فالنب
NAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STATE, ZIF	ODE			
BITTERROOT HOME	•		ERROOT DRIVE LS, ID 83301				
ryavin SUMMARY STA	TEMENT OF DEFICIENCIE	s	TD.	PROVIDER'S PLAN	OFCORRECT	ION (X5)	

MM197 Refer to W289 and W312.  MM380  16.03.11.120.03(a) Building and Equipment  The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and cellings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and indents.  This Rule is not met as evidenced by. Based on observation, it was determined the, facility falled to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals 41 - 6) residing in the facility. The findings include.  An environmental review was conducted at the facility on 6/10/08 from 12:20 < 1:10 p.m., and the following concerns were noted:  Garage  There were several items on the floor including two box springs, two mattresses, three broken dressers blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seal from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside  There was no covering on the light bull which	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled of equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.  This Rule is not met as evidenced by. Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:  An environmental review was conducted at the facility on 6/10/08 from 12:20 - 1:10 p.m., and the following concerns were noted:  Garage:  - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:	MM197	Continued From page 1	MM197		
The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.  This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:  An environmental review was conducted at the facility on 6/10/08 from 12:20 - 1:10 p.m., and the following concerns were noted:  Garage  - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:		Refer to W289 and W312			
repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and cellings in kitchens, bathrooms, and utility, rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.  This Rule is not met as evidenced by Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:  An environmental review was conducted at the facility on 6/10/08 from 12:20 = 1:10 p.m., and the following concerns were noted:  Garage  - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:	MM380	16.03.11.120.03(a) Building and Equipment	MM380		
clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.  This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:  An environmental review was conducted at the facility on 6/10/08 from 12:20 - 1:10 p.m., and the following concerns were noted:  Garage  - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside		repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally			
Based on observation, it was determined the facility failed to ensure the facility was kept clean; sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:  An environmental review was conducted at the facility on 6/10/08 from 12:20 = 1:10 p.m., and the following concerns were noted:  Garage  - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:	9 ( ) 3 ( ) ( )	clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.			
facility on 6/10/08 from 12:20 = 1:10 p.m., and the following concerns were noted:  Garage - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:		Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The	1		
- There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside		facility on 6/10/08 from 12:20 - 1:10 p.m., and the	, , , , , , , , , , , , , , , , , , ,		
television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.  Outside:		- There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes,			
		television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and			:
was located to the right side of the front door.  Front Bathroom:		- There was no covering on the light bulb which was located to the right side of the front door.			

Bureau of Facility Standards STATE FORM

689

BK2W11

If continuation sheet 2 of 5

25.50 26.302535-65-556-65530	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIES (DENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING			
PATTERPROOF NOME 1806 BITTE			DRESS, CITY STATE: ZIP CODE TERROOT DRIVE LLS, ID 83301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
MM380	Continued From page 2  - The right door cabinet below sink had hinge.  Back Bathroom: - There was no cover on the florescent: - The left door was missing from the cal which was located above the toilet The sink was slow to drain.	light	ММ380	MM380 All repairs and maintenance have been don items listed on this tag were remedied as of 8/11/08. Facility Manager will add these items to the building inspection. Administrator and Qual Assurance will do random building inspection ensure compliance.	ity	
	Hallway: - The plastic cover on the florescent light broken.  Kitchen: - The hinge on the cabinet above the stroose The handle was missing from the cabinet which was located next to the cabinet the contained knives The large drawer to the left of the storbroken There was a drawer missing under kit counter.	ove was net door nat ve was			Company of the Compan	
	Individual #1's bedroom:  - The water in the fish tank was noted to murky.  - There were several items on the floor pillows, a pillowcase, electrical cords, catapes, towels, a necktie, combs, pens, spaper, and plastic hangers. His room wineed of being cleaned and organized.	including assette			And on the property of the control o	
	Individual #4's bedroom:  - There were three (3) fist sized holes in above his bed.  - There were several items on the floor batteries, socks, bits of paper, coins, ca tapes, and small toys. His room was in cleaning.	including ssette				

Bureau of Facility Standards STATE FORM

PRINTED: 06/26/2008 FORM APPROVED (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION A. BUILDING B, WING 13G022 06/12/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1806 BITTERROOT DRIVE BITTERROOT HOME TWIN FALLS, ID 83301 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID . (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) MM380 Continued From page 3 MM380 Individual #3 and Individual #5's bedroom: - The window blind was bent. - There were dirty clothes, pieces of paper, and small toys laying on the floor near Individual #5's Individual #6's bedroom: There was a softball sized hole in his bedroom - There was no screen on Individual #6's MM570 - response for W111 bedroom window. MM570 MM570 16.03.11.210.05(b) Meidcations and Treatments A record of all medications and treatments prescribed and administered; and This Rule is not met as evidenced by:

MM678

MM730 16.03.11.270.01(d)(i) Diagnostic and Prognostic Data

Bureau of Facility Standards

STATE FORM

Refer to W111.

Refer to W460.

objectives must be:

Refer to W227.

16.03.11 250 08(c) Individual Resident's Needs

The individual treatment plan must state specific

Foods must be served in a form to meet

This Rule is not met as evidenced by:

MM729 16.03.11.270.01(d) Treatment Plan Objectives

objectives to reach identified goals. The

This Rule is not met as evidenced by:

individual resident's needs:

6895

MM730

BK2W11

MM678 - response for W460

MM729 - response for W227

If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
CENTIFICATION NUMBER.	A. BUILDING	
13G022	B. WING	06/12/2008

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BITTERROOT HOME

1806 BITTERROOT DRIVE TWIN FALLS, ID 83301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM730	Continued From page 4	MM730	MM730 - response for W214	
	Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.			
MM855	16.03.11.270.08(c) Training and Habilitation Record	<b>MM855</b>	MM855 - response for W234	
	There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident.			
MM861	This Rule is not met as evidenced by: Refer to W234.	MM861	MM861 - response for W256	
a popular su popular s	Initiating periodic review of each individual plan of care for necessary modifications or adjustments.			
	This Rule is not met as evidenced by: Refer to W256.	37.		
				A Company of the Comp

Bureau of Facility Standards

STATE FORM

689

BK2W11

If continuation sheet 5 of 5